

FEDERAL EMERGENCY MANAGEMENT AGENCY

PNP FACILITY QUESTIONNAIRE

Please answer all of the following questions and return this questionnaire with proof of private non profit (PNP) status to the FEMA/State Disaster Field Office. Your application for Federal disaster assistance will not be considered if these documents are not submitted by the prescribed deadline. If your organization has more than one facility that incurred damage, list each facility separately and provide the required information for each facility. Use separate sheets of paper if necessary.

Name of PNP Organization: _____

Title 44 CFR, part 206.221 (e) defines a Private Non Profit facility as: "...any private nonprofit educational, utility, emergency, medical, custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations. "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Of the above, what best describes your organization?

Please provide copies of the following:

Tax Exemption Certificate _____

Organization Charter or By Laws _____

Current Literature describing your Organization _____

If your organization is a school or educational facility, please provide information on:

Accreditation or Certification _____

Curriculum _____

Name of the damaged facility and location: _____

What is the primary purpose of the damaged facility? _____

Who may use this facility? _____

What fee, if any, is charged for the use of the facility? _____

Was the facility in use at the time of the disaster? ☐ Yes ☐ No

Did the facility sustain damage as a direct result of the disaster? ☐ Yes ☐ No

What type of assistance is being requested? _____

Does the PNP organization own the facility? ☐ Yes ☐ No

If "Yes", obtain proof of ownership; check here if attached. ☐

If "No", do they lease / rent the facility? ☐ Yes ☐ No

If "Yes", obtain a copy of the lease or rental agreement for the damaged facility, check here if attached. ☐

Are the repairs of this facility the legal responsibility of the organization? ☐ Yes ☐ No

Is the facility insured? ☐ Yes ☐ No

If "Yes", obtain a copy of the insurance policy; check here if attached. ☐

Additional information or comments: _____

Name of contact person: _____

Phone number _____

